

CRITERIA FOR PRIOR AUTHORIZATION

Tumor Necrosis Factor Alpha Blocker

PROVIDER GROUP: Pharmacy
Professional

MANUAL GUIDELINES: The following drug(s) require prior authorization:
Etanercept (Enbrel®)

CRITERIA for etanercept: (must meet all of the following)

1. Patient has had a TB skin test in the past 12 months or has taken etanercept in the past 6 months.
2. Patient has not taken another biologic agent (see attached table) in the past 30 days.
3. Patient meet all bullets under a, b, c, or d:
 - a. Patient has a diagnosis of juvenile idiopathic arthritis.
 - Patient is 2 years of age or older.
 - The prescriber is a rheumatologist.
 - b. Patient has a diagnosis of rheumatoid arthritis or ankylosing spondylitis.
 - Patient is 18 years of age or older.
 - The prescriber is a rheumatologist.
 - c. Patient has a diagnosis of psoriatic arthritis.
 - Patient is 18 years of age or older.
 - The prescriber is a dermatologist or rheumatologist.
 - d. Patient has a diagnosis of psoriasis.
 - Patient is 18 years of age or older.
 - The prescriber is a dermatologist or rheumatologist.
 - The patient has taken oral agents for the treatment of plaque psoriasis (see attached table) or patient is a candidate for systemic therapy or phototherapy and has plaque psoriasis.

Prior Authorization may be approved for six (6) months.

Biologic Agents

Generic Name	Brand Name
Abatacept	Orencia®
Adalimumab	Humira®
Alefacept	Amevive®
Anakinra	Kineret®
Certolizumab	Cimzia®
Golimumab	Simponi®

Infliximab	Remicade®
Natalizumab	Tysabri®
Rituximab	Rituxan®
Tocilizumab	Actemra®
Ustekinumab	Stelara®

Oral Plaque Psoriasis Therapy

Generic Name	Brand Name
Acitretin	Soriatane®
Cyclosporine	Sandimmune®
Methotrexate	Trexall®, Rheumatrex®